

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1		51						
2		1					52						
3		2					53						
4		2					54						
5		25					55						
6		0					56						
7		0					57						
8		0					58						
9		0					59						
10		0					60						
11	1	1					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24	1	1					74						
25		1					75						
26		1					76						
27	1						77						
28		1					78						
29		1					79						
30		2					80						
31		0					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36	1						86						
37	1						87						
38	1						88						
39	1						89						
40		1					90						
41	1						91						
42		1					92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8				2		TOTAL IND.						
TOTAL DEP.	40				40		TOTAL DEP.						
TOTAL CLAIMS	48				42		TOTAL CLAIMS						

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